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Date	Client/Matter Number
May 4, 2006	211552-00050
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Phone	Fax
312.902.5312	312.577.4532

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16 pages

Comments

RE: Patent Application No.: 10/732,942
Filing Date: December 11, 2003
Title: Battery Charge Indicator
First Named Inventor: Rita L. Faunce, et al.
Confirmation No.: 7274

Please file the attached:
Transmittal Form (1 p)
Fee Transmittal Form (1 p)
Amendment (9 pp)
Petition for Extension of Time (1 p.) in duplicate
Patent Application Fee Determination Record (2 pp)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10732,942	RECEIVED CENTRAL FAX CENTER
	Filing Date	December 11, 2003	
	First Named Inventor	Faunce, et al	MAY 04 2006
	Art Unit	2838	
	Examiner Name	Luk, Lawrence W.	
Total Number of Pages in This Submission	Attorney Docket Number	211552-00050	

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Patent Application Fee Determination Record
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Katten Muchin Rosenman LLP		
Signature	<i>John S. Panagias</i>		
Printed name	John S. Panagias		
Date	5/4/06	Reg. No.	31,051

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:	
Signature	<i>Janelle A. Wiggins</i>
Typed or printed name	Janelle A. Wiggins
Date	5-4-06

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)

FEE TRANSMITTAL

For FY 2006

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) \$120.00

Complete If Known

Application Number 10/732,942
Filing Date December 11, 2003
First Named Inventor Faunce, et al.
Examiner Name Luk, Lawrence W.
Art Unit 2838
Attorney Docket No 211552-00050

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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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- 20 or HP =

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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- 3 or HP =

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
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- 100 =

/ 50 = (round up to a whole number) x

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Petition for Extension of Time

Fees Paid (\$)

\$120.00

SUBMITTED BY

Signature <i>John S. Panagoulas</i>	Registration No 31,051 (Attorney/Agent)	Telephone (312) 902-5200
Name (Print/Type) John S. Panagoulas		Date 5/4/06

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